

PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Serial Number	10/635,919	
	Filing Date	August 6, 2003	
	First Named Inventor	Claudius Zeiler	
	Title	IMPLANT PLATE, METHOD AND ARRANGEMENT FOR THE SEMI OR TOTALLY AUTOMATIC PRODUCTION OF IMPLANT PLATES AND THE USE THEREOF IN SURGICAL AND/OR ORTHOPAEDIC PROCEDURES	
Attorney Docket No.		A8130 0659/P659	

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

24998

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name: **Michael S. Marcus
DICKSTEIN SHAPIRO LLP**

Address: **1825 Eye Street, NW**

City: Washington	State: DC	Zip: 20006-5403
Country: US	Telephone: (202) 420-2200	Email:

I am the:

☒ Inventor, having ownership of the patent.

OR

☐ Patent owner.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature:	Date: 22 April 2009
Name: Claudius Zeiler	Telephone:
Title and Company: Inventor	

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of **2** forms are submitted.

PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Serial Number	10/635,919	
	Filing Date	August 6, 2003	
	First Named Inventor	Clausius Zeiler	
	Title	IMPLANT PLATE, METHOD AND ARRANGEMENT FOR THE SEMI OR TOTALLY AUTOMATIC PRODUCTION OF IMPLANT PLATES AND THE USE THEREOF IN SURGICAL AND/OR ORTHOPAEDIC PROCEDURES	
	Attorney Docket No.	A8130.0659/P659	

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: 24998

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified patent to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name: Michael S. Marcus
DICKSTEIN SHAPIRO LLP

Address: 1825 Eye Street, NW

City	Washington	State	DC	Zip	20006-5403
Country	US	Telephone	(202) 420-2200		

I am the:

☒ Inventor, having ownership of the patent.

OR

☐ Patent owner.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Inventor or Patent Owner

Signature	<i>Ernst Wiedemann</i>	Date	22 April 2009
Name	Ernst Wiedemann	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.